## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Restoration PAC	C C00571588
	G statistic
Check if 24-hour report	ed on M M / D D / Y Y Y Y
Full Name of Payee Reed Media Partners, LLC	Date of Public Distribution/Dissemination
Reed Media Faithers, LLC	05 13 2017
Mailing Address 1320 N. Courthouse Rd., Ste. 130	Amount
City State Zip Code	13875.00
Arlington VA 22201	Transaction ID : SE.6197 Date of Disbursement or Obligation
Purpose of Expenditure TV Advertising (production)  Category/ Type 004	05 / 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Off	ice Sought: House District:00
Baldwin, Tammy, , ,	President Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Strategic Media Services, Inc.	05 13 2017
Mailing Address 1911 North Ft. Myer Drive	05 15 2517
Suite 400	Amount
City State Zip Code	430227.98
Arlington VA 22209	Transaction ID : SE.6195  Date of Disbursement or Obligation
Purpose of Expenditure TV advertising (placement)  Category/ Type  004	05 10 / Y Y Y Y Y 2017
Name of Federal Candidate Support Off	ice Sought: House District:00
Baldwin, Tammy, , ,	President X Senate State: WI
Calendar Year-To-Date Per Election for Office Sought  Dis 20	sbursement For:
<del>-</del>	
(a) SUBTOTAL of Itemized Independent Expenditures	444102.98
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gaskill, Sherry, , ,  [Electronically Filed] Date	05 15 2017
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Restoration PAC	C C00571588
Check if 24-hour report 48-hour report New report Amends report filed on	
Full Name of Payee Date of	f Public Distribution/Dissemination
Strategic Media Services, Inc.	05 13 2017
Mailing Address 1911 North Ft. Myer Drive Suite 400	ıt
City State Zip Code	34772.02
Arlington VA 22209 <b>Transa</b>	action ID : SE.6196  f Disbursement or Obligation
Purpose of Expenditure Category/	05 10 2017
Name of Federal Candidate	· House District 00
Baldwin, Tammy, , ,   Support Office Sought:  **Oppose Presider	. Induce Blothett
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2018 Ott	For:   ✓ Primary General  her (specify)  ✓
	of Public Distribution/Dissemination
	"M / D "D / Y "Y "Y "Y
Mailing Address Amoun	nt
City State Zip Code	
Date o	of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	/ D D / Y Y Y Y
Name of Federal Candidate Support Office Sought	:: House District:
Oppose Preside	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement	For: Primary General cher (specify) ►
	iner (specify) F
(a) SUBTOTAL of Itemized Independent Expenditures	34772.02
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	478875.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gaskill, Sherry, , , [Electronically Filed] Date 05	15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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